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Haiti

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults, Adolescents, Pregnant and Breastfeeding Women](#)
- [Children](#)

Adults, Adolescents, Pregnant and Breastfeeding Women

Year Issued:

2013

Reference:

Manual of Standards of Clinical and Therapeutic Care of PLHIV

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

PLHIV should be screened for TB and other OI's each visit (2x per year)

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

PLHIV who have been in contact with a patient with active TB are to receive chest xray and PPD. INH prophylaxis (300 mg/day) with B6 (50 mg/day) to be administered for 6 months to asymptomatic patients with negative chest xrays.

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

All HIV infected persons in whom active TB has been excluded are eligible for INH (5mg/kg/day, max. 300mg) prophylaxis for a period of 6 months. Pyridoxine (Vitamin B6) 50mg/day is provided in conjunction with INH. Mantoux test (PPD) is not required prior to starting prophylaxis.

Criteria for Starting: ARV 1st Line Regimen:

All patients with TB/HIV co-infection are eligible for ART.

- Initiate ATT first.
- Initiate ART within 2-8 weeks of ATT initiation.

- If CD4<100 and/or patient malnourished: initiate ART within 2 weeks of ATT initiation.

First line treatment of choice:

TDF + 3TC (or FTC) + EFV

In case of EFV intolerance:

AZT+3TC+TDF or AZT+3TC+ABC

ARV 2nd Line Regimen:

If patient is on Rifabutine:

If AZT, d4T, or ABC used in 1st line:

- TDF+3TC (or FTC)+ATV/r

If TDF used in 1st line:

- AZT+3TC+ATV/r

If patient is on Rifampicin:

If AZT, d4T, or ABC used in 1st line:

- TDF+3TC (or FTC)+LPV/r

If TDF used in 1st line:

- AZT+3TC+LPV/r

**Co-Infection Addressed Under Existing HIV Guidelines?
(Y/N):**

Yes

Children

Year Issued:

2013

Reference:

National Guidelines for Care and Treatment of Infants, Children, and Adolescents Exposed to or Infected with HIV

**Screening for PLHIV for TB Every Visit? (Y/N)
(Intensified Case Finding):**

No

**Criteria for Starting TB Prophylaxis Among TB-Exposed
PLHIV:**

All newborns and children exposed to HIV or HIV infected who have been in contact with a patient with active TB and in whom active TB has been excluded are eligible for INH (10mg/kg/day, max. 300mg/day) prophylaxis during 6 months.

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

All HIV infected children >12 months old (regardless of having been in contact with a patient with active TB) are eligible for INH prophylaxis during 6 months. HIV infected children of less than 12 months who have not had contact with TB nor clinical signs of active TB infection should not receive INH prophylaxis.

Criteria for Starting: ARV 1st Line Regimen:

All children with TB/HIV co-infection are eligible for ART.

- Initiate ATT first.
- Initiate ART within 2-8 weeks of ATT initiation.

<3 years old:

- 2 NRTI + NVP

>3 years old:

- 2 NRTI + EFV

<2 years old and previously exposed to NVP:

- 3 NRTI (in this case switch to a standard first line after finishing ATT)

Patients who develop TB while on ART:

If on 2 NRTI + NVP and >3 years old:

- Substitute EFV for NVP

If on 2 NRTI + NVP and EFV is contra-indicated:

- Increase dosage of NVP to 200 mg/m² per dosage

If regimen contains LPV/r:

- Continue LPV/r with augmented RTV (ratio 1:1)

ARV 2nd Line Regimen:

No specifics indicated

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

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